

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/24/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER					CONTACT NAME: Linda Smith					
Arthur J. Gallagher Risk Management Services, LLC 1050 Crown Pointe Parkway, Suite 600				PHONE (A/C, No, Ext): 678-393-5228 (A/C, No): 678-393-5240						
Atlanta GA 30338				E-MAIL ADDRESS: linda_smith@ajg.com						
					INSURER(S) AFFORDING COVERAGE NAIC #					
				INSURER A : National Union Fire Insurance Company of Pittsburg 19445						
Cox Communications, Inc.				INSURER B : AIU Insurance Company 19399						
Cox Communications Florida				INSURER C :						
PO Box 105357 Atlanta GA 30348										
				INSURER F :						
COVERAGES CERTIFICATE NUMBER: 521771575					REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR	TYPE OF INSURANCE	ADDL SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A		Y	GL3980281		1/1/2024	1/1/2025	EACH OCCURRENCE		,000	
ł	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurre	ence) \$ 4,500	,000	
	X XS of \$500,000						MED EXP (Any one per	rson) \$5,000		
	X SELF INSURED RET					ļ	PERSONAL & ADV INL	GATE \$ 30,000,000		
ľ							GENERAL AGGREGA			
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/C	DP AGG \$6,000 \$,000	
Ā		Y T	CA4888803		1/1/2024	1/1/2025	COMBINED SINGLE LI (Ea accident)	IMIT \$ 10,00	0,000	
Â	X ANY AUTO		CA4888804 CA7281099		1/1/2024 1/1/2024	1/1/2025 1/1/2025	BODILY INJURY (Per p	Per person) \$		
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per a			
	X HIRED AUTOS ONLY X AUTOS ONLY						PROPERTY DAMAGE (Per accident)	5		
L	╎╴╎┈╸╴╴╸┥╸╎╴╷╶╴╸╸┥╸							\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
Б	DED RETENTION \$		WC080772120		1/1/2024	1/1/2025	X PER STATUTE	OTH-		
B	AND EMPLOYERS' LIABILITY		WC080772121 (CA) WC080772122		1/1/2024 1/1/2024 1/1/2024	1/1/2025	E.L. EACH ACCIDENT	·······		
}	OFFICER/MEMBEREXCLUDED?		WQ000772122		17172024	111/2023	E.L. DISEASE - EA EM		·	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLIC			
Γ-										
								ł		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)	1		
RE: Cox Operation: 1032 - CC FLORIDA Customer Services Agreement. Okalosa County BCC is Additional Insured as respects General Liability and Auto Liability policies, pursuant to and subject to the policy's terms, definitions, conditions and exclusions. Waiver of Subrogation applies to Additional Insured on Workers Compensation policy, pursuant to and subject to the policy's terms, definitions, conditions and exclusions.										
CONTRACT: C15-2227-PUR										
	COX BUSINESS									
r <u>CE</u>	CERTIFICATE HOLDER CANCELLA TV BULK STARTER									
Okaloosa County BCC					SHOULD AI EXPIRES: 10/29/2025 THE EXPINIACCORDANCE WITH THE POLICY PROVISIONS.					
5479A Old Bethel Road Crestview FL 32536				AUTHORIZED REPRESENTATIVE						
CICSLVIEW FL JZJJU				Chinkphan R. Ward						
1	Churghan K. Many									

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ENDORSEMENT

This endorsement, effective 12:01 A.M. 01/01/2024 forms a part of

policy No. GL 398-02-81 issued to COXENTERPRISES, INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM COMMERCIAL GENERAL LIABILITY COVERAGE FORM BUSINESS AUTO COVERAGE FORM LIQUOR LIABILITY COVERAGE FORM MOTOR CARRIER COVERAGE FORM OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM RAILROAD PROTECTIVE LIABILITY COVERAGE FORM

EXTENSION SCHEDULE OF NAMED INSUREDS

This policy provides coverage for the first Named Insured shown on the declarations page and the following Named Insureds:

COX COMMUNICATIONS, INC.

ENDORSEMENT

This endorsement, effective 12:01 A.M. 01/01/2024 forms a part of

policy No. CA 488-88-03 issued to COX ENTERPRISES, INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM COMMERCIAL GENERAL LIABILITY COVERAGE FORM BUSINESS AUTO COVERAGE FORM LIQUOR LIABILITY COVERAGE FORM MOTOR CARRIER COVERAGE FORM OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM RAILROAD PROTECTIVE LIABILITY COVERAGE FORM

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